



**INSTRUCTIONS AND REQUIREMENTS
FOR A
LICENSE TO PRACTICE VETERINARY MEDICINE**

To obtain a permanent license to practice veterinary medicine in this State, an applicant shall comply with the following requirements as outlined in Section 40-69-220 of the Veterinary Medicine Practice Act and Section 120-3 of the South Carolina Code of Regulations.

☐ **APPLICATION**

Complete and mail **application**; **\$175.00** fee (non refundable check or money order payable to the SC Board of Veterinary Medical Examiners); and **One (1) recent passport size photograph** taken within the last six (6) months of application date to:

**S.C. Board of Veterinary Medical Examiners
PO Box 11329
Columbia, S.C. 29211-1329**

☐ **EDUCATION TRANSCRIPTS**

Certified transcripts with degree conferred must be mailed directly to the Board's office from the appropriate educational institutions. Student copies are not accepted.

- ***Certified transcript*** from an American Veterinary Medical Association (AVMA) accredited school or college of veterinary medicine, **or**
- ***Certification from the Program for the Assessment of Veterinary Education (PAVE)***, **or**
- ***Certification from the Education Commission of Foreign Veterinary Graduates (ECVFG)***, **or**
- ***Certification from another credentialing entity approved by the Board.***

☐ **SENIOR STUDENTS**

- ***Senior Students.*** Senior students must submit an attested ***letter from the accredited veterinary medical college establishing senior status*** as of the date of the State Jurisprudence Examination. An applicant must be a graduate of an AVMA - approved college of veterinary medicine.

☐ **NATIONAL BOARD TRANSCRIPTS FOR EXAMINATION PROOF**

- ***North American Veterinary Licensing Examination (NAVLE).*** A certified copy of NAVLE results current within five (5) years of the date of application with a minimum score as set by American Association of Veterinary State Boards (AAVSB). If score is over five years old, a waiver is required, please see below in Waivers.

OR

- ***National Board Examination.*** A certified copy of the National Board Examination results with a minimum passing score as set by the National Board of Veterinary Medical Examiners (NBVME).

AND

- ***Clinical Competency Examination.*** A certified copy of the Clinical Competency Test (CCT) with

a minimum score as set by AAVSB. If score is over five years old, a waiver is required, as described below.

☐ **WAIVERS FOR CCT OR NAVLE SCORES OLDER THAN FIVE (5) YEARS, IF NEEDED**

Verification of a valid and unrestricted (including probation or other conditions) license to practice veterinary medicine issued by another state, with substantially equivalent licensing requirements as the South Carolina Board of Veterinary Medical Examiners (SCVBME), for a minimum of three (3) years immediately preceding the date of application; and one of the following:

- (I) *Verification of three (3) full years of active, continuous clinical practice immediately preceding the jurisprudence examination;*
- or*
- (II) *Verification of passage of an AVMA-recognized Board Certification examination in any field of veterinary medicine;*
- or*
- (III) *Verification of having earned **Thirty (30) hours of Continuing Education credits** within two (2) years of the date of application.*

➔ **In addition to CCT or NAVLE waiver documents; certified copies of the applicant's CCT or NAVLE examination results must be submitted to the Board's Office directly from the reporting entity. Applicant copies are not accepted.**

☐ **OTHER DOCUMENTS REQUIRED**

Copy of current driver's license
Copy of social security card

☐ **LICENSE VERIFICATION FOR ENDORSEMENT APPLICANTS**

- ***Licensure verification*** is required from each state board by which you are now or have ever been licensed to practice veterinary medicine. Verification should be sent from the appropriate state report board directly to the South Board of Veterinary Medical Examiners.

☐ **PASS THE SOUTH CAROLINA JURISPRUDENCE ON LINE EXAMINATION**

IMPORTANT INFORMATION

FEES

- Fees are non-refundable. To determine applicable licensure fee, visit the Board's website at www.llr.state.sc.us/pol/veterinary.

APPLICATION STATUS

- You may check the status of your application online by visiting the Board's website at www.llr.state.sc.us/pol/veterinary.

APPLICATIONS

- Applications and accompanying documents will be valid for one (1) year from the initial application date. After one (1) year, a new application with attendant documents and appropriate fees must be submitted.
- An application may be denied if the applicant:
 - (1) Is currently restricted (including probation or other conditions) in another state;
 - (2) Has committed any act that would be grounds for disciplinary action; or
 - (3) Has committed any act which indicates that the applicant does not possess the character and fitness to practice veterinary medicine.

JURISPRUDENCE EXAMINATION

- Upon completion of the applicant's examination file, the applicant will receive a letter from the Board; issuing the applicant a User Id and password to go online to take the State Jurisprudence Examination.
- Upon completion of taking the examination, the applicant receives his/her score.
- If the applicant fails the examination, they make retake the exam after 24 hours.
- As a study guide for the examination, the applicant should study the Statutes and Regulations of the Board found under Laws/Policies provided on the Board's website.
- Upon passing the examination, the applicant is issued a license number providing all requirements have been met.

Senior students and new graduates must complete a sixty (60) day internship and have verification of the internship provided to the Board. If the applicant has not completed a sixty (60) day internship and is coming to South Carolina to earn the remaining internship days; and the internship is not through the school; s/he he must apply for a new graduate temporary license from the Board.



South Carolina Department of Labor, Licensing and Regulation
Board of Veterinary Medical Examiners
Synergy Business Park, Kingstree Building
110 Centerview Drive
Post Office Box 11329
Columbia, SC 29211-1289
Phone: (803) 896-4598 Fax: (803) 896-4719
www.llr.state.sc.us/pol



APPLICATION TO PRACTICE VETERINARY MEDICINE

Complete all sections of this application by providing all of the requested information. You must notify the Board, in writing, of any address changes after you file this application in order to receive any further information. The application form is a public document obtainable under the Freedom of Information Act.

I hereby make application to appear and take examination for a license to practice veterinary medicine in the state of South Carolina and submit for consideration the following proofs as required by the South Carolina laws governing the practice of veterinary medicine and by the rules of the South Carolina Board of Veterinary Medical Examiners.

PART I: Applicant Identifying Information				
1. Last Name	2. First Name	3. Middle Name	4. Suffix (Jr., III)	
5. Title <input type="checkbox"/> D.V.M. <input type="checkbox"/> V.M.D.		6. Maiden Name or Other Name	7. Last 5 digits of Social Security Number	
8. Mailing Address (Street or PO Box, City, State, Zip)				
9. Home Address (Street, City, State, Zip) No P.O. Box				9a. County (SC Only)
9b. Home Phone Cell Phone		9c. Home Fax		9d. Home E-mail
10. Business Name		10a. Business Address (Street address, not PO Box, City, State, Zip)		
10b. Business Phone		10c. Business Fax		10d. Business E-mail
12. Place of Birth (List City & State or Country)	13. Date of Birth MM/DD/YYYY	14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	15. Race (For Statistical Purposes Only) <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Spanish Origin <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian/Oriental <input type="checkbox"/> Other	
PART II: Education Information				
COLLEGE/UNIVERSITY NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		DEGREE EARNED
		FROM (Month/Year)	TO (Month/Year)	

Are you a graduate from a program outside the United States?

YES ☐ NO ☐

If yes, you must submit a copy of your ECFVG certificate from the AVMA Educational Commission for Foreign Veterinary Graduates or PAVE Certificate.

PART III: Record of Licensure Information

Complete the requested information below if you have ever been licensed, certified or registered to practice in any profession or occupation. You must identify the method by which you obtained your license(s). You must include jurisdiction both within and outside the United States. Failure to disclose all licenses held may result in denial of your application or other appropriate action. (Attach additional sheets if necessary.)

Jurisdiction	License Type	License Number/Name on License	How License Obtained (Type of Exam or Endorsement)	Date of <u>Initial</u> Issuance	Current
State or Country of <u>Original</u> (Initial) Licensure:					YES <input type="checkbox"/> NO <input type="checkbox"/>
State or Country of <u>Current</u> <u>licensure</u> where you most recently practiced:					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>

1. Do you have a Specialty Board certification? YES ☐ NO ☐

If yes, provide the following information:

Date of Certification (mm/dd/yyyy): _____

Specialty (provide a copy of the certificate): _____

2. Are you applying for a temporary license or a new graduate temporary license? YES ☐ NO ☐

If yes, please include an **additional non-refundable fee** of \$100 for a temporary license or \$50 for a new graduate temporary license and have an Employment Verification form submitted by your future employer.

Employer's Practice Name & Address: _____

Anticipated Start Date: _____

PART IV: Employment History

List all related employment chronologically for the past five (5) years. If you have never been employed in the **profession** you are applying for, insert "N/A" for Not Applicable in Box 1. You are authorized to photocopy this form if additional space is required.

1. Employer's Name		Employer's Address (Street, City, State, Zip)	
Job Title	Type of Employment	Date of Employment	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	From: _____ To: _____	
Abbreviated Description of Duties Performed		Reason for leaving	
2. Employer's Name		Employer's Address (Street, City, State, Zip)	
Job Title	Type of Employment	Date of Employment	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	From: _____ To: _____	
Abbreviated Description of Duties Performed		Reason for leaving	
3. Employer's Name		Employer's Address (Street, City, State, Zip)	
Job Title	Type of Employment	Date of Employment	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	From: _____ To: _____	
Abbreviated Description of Duties Performed		Reason for leaving	
4. Employer's Name		Employer's Address (Street, City, State, Zip)	
Job Title	Type of Employment	Date of Employment	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	From: _____ To: _____	
Abbreviated Description of Duties Performed		Reason for leaving	
5. Employer's Name		Employer's Address (Street, City, State, Zip)	
Job Title	Type of Employment	Date of Employment	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	From: _____ To: _____	
Abbreviated Description of Duties Performed		Reason for leaving	

Part V: Personal History Information

If you answer “yes” to any of the questions below (1-11), attach a written explanation.

1. Have you ever taken the S.C. Veterinary Examination? YES ☐ NO ☐
2. Have you ever been charged, convicted or found guilty, pled guilty or pled nolo contendere regardless of adjudication, of a crime (other than a minor traffic violation) in any jurisdiction – federal, state, local?
If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge (if applicable), as well as a statement from your probation or parole officer. YES ☐ NO ☐
3. Currently or within the last five years, have you been treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice as a veterinarian? YES ☐ NO ☐
4. Currently or within the last five years have you developed any disease or condition, physical, mental or emotional that may interfere with your ability to competently and safely perform the essential functions of practice as a veterinarian? YES ☐ NO ☐
5. Have you ever had a professional or occupational license refused, denied, revoked, suspended, reprimanded or otherwise disciplined in any jurisdiction? YES ☐ NO ☐
6. Have you ever surrendered a license to practice any occupation or profession? YES ☐ NO ☐
7. Have you ever allowed any professional or occupational license to lapse? YES ☐ NO ☐
8. Have you ever voluntarily surrendered or had a registration issued by a controlled substance authority surrendered, revoked, suspended, limited or restricted? YES ☐ NO ☐
9. Are there any pending complaint(s) against you filed in any jurisdiction regarding your professional conduct or competence as a veterinarian? YES ☐ NO ☐
10. Have you ever been named a defendant in any lawsuit alleging veterinary medical malpractice, where professional misconduct or incompetence was an issue? YES ☐ NO ☐
11. Do you now hold, or have you ever held, any other professional or occupational license?
If yes, provide the license type, license number and expiration date for each state for which you hold/held a license. YES ☐ NO ☐

PART VI: Certifying Statement

All statements contained in this application are made under oath or affirmation and all representations are true and correct to my best knowledge and belief and subject to penalties of making a false affidavit of declaration. Should I furnish any false information in this application, I hereby agree that such action will constitute cause for denial, suspension or revocation of a license to practice veterinary medicine in South Carolina. This application and signature shall act as authorization of entities in possession of state files pertaining to my licensure and practice, law enforcement records, administrative records, motor vehicle records, and court documents to release such information to this licensing authority.

I hereby authorize the South Carolina Board of Veterinary Medical Examiners to utilize my Social Security Number (SSN) in making necessary reports to federal and state entities, as required by law.

Signature of Applicant (Do not print)

Printed Name of Applicant

Date

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public for _____

My Commission Expires: _____

Attach Photo Here

(2x2)

No copies

Do Not Staple

Disclosure:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

I understand that this application for a license to practice veterinary medicine in this state will be accompanied by a **non-refundable** fee of \$175

The following must be supplied to complete your application in addition to the answers to all the questions on this application:

1. Official transcript from veterinarian school showing degree and date of award
2. North American Veterinary Licensing Exam (NAVLE) - scores current within last 5 years or waiver OR National Board Exam score, provided by Veterinary Information Verifying Agency (VIVA) and Clinical Competency Test score current within the last 5 years, provided by Veterinary Information Verifying Agency (VIVA) or waiver of CCT information
3. Verification(s) of licensure (all states, if applicable)
4. Foreign Graduates only: Education Commission of Foreign Veterinary Graduate (ECFVG) certificate from the AVMA or Program for the Assessment of Veterinary Education Equivalence (PAVE) Certificate (foreign applicants only)
5. One passport size photograph (2 inch x 2 inch)
6. Copy of Driver's License
7. Copy of Social Security Card

**Important message about the American with Disabilities Act
from the South Carolina Department of Labor, Licensing and Regulation**

Title II of the ADA applies to state and local government programs and activities. A public entity, such as a state government, may not discriminate on the basis of disability in its licensing, certification and regulatory activities.

To help you better understand your rights and the requirements of the ADA, we have listed some organizations that can provide you with technical assistance and free publications.

We encourage you to call the following numbers about questions on:

Serving Customers and Building or Altering Facilities:

U.S. Department of Justice
(800) 514-0301 (Voice)
(800) 514-0383 (TDD)

Tax Credit and Deductions:

Internal Revenue Service
(800) 829-1040 (Voice)
(800) 829-4059 (TDD)

Employment Issues:

Equal Employment Opportunity Commission
(800) 669-4000 (Voice)
TDD – Use Relay Service

General ADA Assistance:

Disability and Business Technical Assistance Centers
(800) 949-4232 (V/TDD)

Transportation:

U.S. Department of Transportation
(202) 366-1656 (Voice)
(202) 366-4567 (TDD)

Disability Rights Education and Defense Fund

(800) 466-4232 (V/TDD)

ADA Accessibility Guidelines:

Access Board
(800) 872-2253 (Voice)
(800) 993-2822 (TDD)

For Office Use Only

Application:

Amt. Rec'd: _____ Date Rec'd: _____ Deposit # _____ Audit # _____

Temporary License:

Amt. Rec'd: _____ Date Rec'd: _____ Deposit # _____

Temporary Lic. No. _____ Issue Date: _____ Exp. Date: _____

Intern Permit:

Amt. Rec'd: _____ Date Rec'd: _____ Deposit # _____

Permit No. _____ Issue Date: _____ Exp. Date: _____

Exam Date: _____ Score: _____

License No. _____ Issue Date: _____ License Mailed Date: _____



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of

(Print clearly First, Middle, and Last name)

(Home Address, City, State, and Zip Code)

being first duly sworn deposes and states as follows:

Check only one box:

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____

I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See Instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)

SOUTH CAROLINA BOARD OF VETERINARY MEDICAL EXAMINERS

Post Office Box 11329
Columbia, SC 29211-1329

Telephone (803) 896-4598
Fax (803) 896-4719

VERIFICATION OF LICENSURE

INSTRUCTIONS TO APPLICANT

Fill in your name in the space provided. Send a copy of this form to each Board in which you are, or have ever been, licensed to practice. You may make copies of this form as needed.

TO: _____
(State(s) where you hold a license)

(Applicant name)

(License No.)

The above named applicant has applied for licensure to practice veterinary medicine in South Carolina. Please provide the following information:

1. License No. _____ Date Issued: _____
2. License Status: Current _____ Lapsed _____ Inactive _____
3. Expiration Date: _____
4. Basis for Issuance of License: _____ National Board Examination
_____ Clinical Competency Test
_____ Reciprocity
_____ State Examination
_____ Other
5. Licensee is currently in good standing _____ Yes _____ No
6. Has this applicant incurred any disciplinary action in your state? _____ Yes _____ No
(Please attach certified copies of any actions)
7. Has the applicant's license ever been limited, denied, surrendered, suspended or
revoked? _____ Yes _____ No

Date _____

Signed _____

Name _____
(Print Name)

(SEAL)

Title _____



Employment Verification for Temporary License to Practice Veterinary Medicine



To Be Completed By Applicant:

Name of Applicant _____

Any person wishing to practice veterinary medicine in this State shall obtain a license from the Board. Unless the person shall have obtained a license, it must be unlawful for him to practice veterinary medicine, and if he shall so practice he must be considered to have violated the provisions of the South Carolina Veterinary Practice Act. These applicants are waiting only to take the jurisprudence examination. Very few applicants will need or want to apply for this.

As set forth in S.C. Code of Laws Section **40-69-240 (C) (1)**, the Board may issue a temporary license to practice veterinary medicine under indirect supervision to an applicant provided the applicant meets the following qualifications:

- (1) Meets all qualification and requirements;
- (2) Has filed an application for licensure and jurisprudence examination;
- (3) Has provided a certified copy of his veterinary college transcript or ECFVG or PAVE certification;
- (4) Paid temporary license fee of one hundred dollars (\$100.00), which fee must be paid in addition to the application for licensure and examination fee;
- (5) Holds a current and valid license in good standing to practice veterinary medicine in another state of the United States and has practiced for a period of no less than sixty (60) days immediately preceding filing this application.

The temporary license shall entitle the holder to practice only until the Board has acted upon the application for permanent license after the applicant completes the examination, and is not renewable; and only one such license must be issued to any one person. Provided, however, any person who is unable to take the examination because of illness, accident, or other reasonable condition beyond his control, may, at the discretion of the Board, have his temporary license renewed until the Board is able to act on his application after he completes the required examination.

To Be Completed by Employing Veterinarian(s):

Practice Name _____

Practice Mailing Address (Street or P.O. Box) _____

City _____ State _____ Zip _____

Business Phone No. () _____ FAX No. () _____

Applicant's Immediate Supervisor(s) _____

Anticipated Start Date _____

I confirm that it is my intent to hire the above-named applicant. However, it is understood that all provisions of Section 40-69-220 and Section 40-69-240 must be complied with prior to the actual date of employment and that temporary license will not be issued until such requirements have been met. Furthermore, I am aware that disciplinary action may be taken against my South Carolina license should any violations of the Practice Act/Rules be incurred by an employee at this facility.

Signature of Supervising Veterinarian(s)

License(s) #

Name of Supervising Veterinarian(s) (please print or type)

Date



GUIDELINES FOR NEW GRADUATE TEMPORARY LICENSE PROGRAM

The new graduate temporary license program provides senior students and unlicensed veterinary school graduates who have not completed a sixty-day (60) day internship practical experience in ministering to patients and clients, as set forth in S.C. Code of Laws Section **40-69-240 (C)(2)**, a license to practice under direct supervision.

VETERINARIAN'S RESPONSIBILITIES AND DUTIES

The licensed veterinarian shall:

- Comply with the American Veterinary Medical Association (AVMA) Code of Professional Ethics.
- Supervise all aspects of the intern's professional activities. The unsupervised practice of veterinary medicine is subject to disciplinary action under Section 40-69-110(A) (18).
- Assign the intern as many aspects of the practice of veterinary medicine as possible.
- Assign responsibilities in accordance with state and federal legal restrictions.

INTERN'S RESPONSIBILITY AND DUTIES

The intern shall:

- Comply with the American Veterinary Medical Association (AVMA) Code of Professional Ethics.
- Maintain professional confidentiality.
- Be prominently identified as an intern.
- Follow instructions on all professional matters as given by the supervising veterinarian.



EMPLOYMENT VERIFICATION FOR NEW GRADUATES WITH TEMPORARY VETERINARY LICENSE (CLINICAL PRACTICE EXPERIENCE)

A senior or new graduate veterinarian who has been granted a degree from a veterinary college but who cannot provide evidence of sixty (60) days clinical practice experience, post-graduation may practice with a temporary license under the direct supervision of a licensed veterinarian. The temporary license is not renewable and shall entitle the holder to practice until the sixty (60) days have been accrued and the Board has acted upon the applicant's application for permanent licensure. Refer to Sections 40-69-20 (3), 40-69-220, and 40-69-240(C) (2)

Name of Applicant _____

The Board may issue a temporary license to practice veterinary medicine to an applicant who:

- (1) has filed an application for permanent licensure, including all required documents and fees, with the board prior to examination;
- (2) is employed and under the **direct supervision** of a Board approved South Carolina veterinarian;
- (3) who remits the temporary license fee of fifty dollars (\$50.00);
- (4) has submitted an attested letter from an accredited veterinary medical college establishing senior status as of the date of the State examination; or
is a graduate and has provided a certified copy of veterinary school transcript indicating date of degree, or ECFVG or PAVE Certificate.

Upon completion of the clinical practical experience, the supervising veterinarian shall submit a Supervisor's Report affirming the applicant has satisfactorily completed the clinical practical experience.

TO BE COMPLETED BY THE SUPERVISING VETERINARIAN:

Practice Name _____

Practice Street Address _____

City _____ State _____ Zip _____

Business Phone Number () _____ FAX No. () _____

Applicant's Immediate Supervisor(s) _____

Anticipated Start Date _____

I affirm that the above-stated applicant will work under my **direct supervision**. I also understand that disciplinary action maybe taken against my South Carolina license should the applicant commit any violations under the Veterinary Board Practice Act or Regulations during this experience.

Signature of Supervising Veterinarian(s)

License Number(s)

Expiration date of license(s)

Please Print or Type Name

Date

PLEASE SUBMIT THIS FORM DIRECTLY TO:
S.C. Board of Veterinary Medical Examiners
P. O. Box 11329
Columbia, SC 29211-1329



SOUTH CAROLINA BOARD OF VETERINARY MEDICAL EXAMINERS SUPERVISOR'S REPORT

To be completed and submitted to the Board of Veterinary Medical Examiners by the supervising veterinarian after completion or termination of clinical practice experience of the New Graduate. New Graduates must show proof of sixty (60) days of clinical practice, post graduation.

(Please Print)

Applicant: _____

Supervising Veterinarian(s): _____

Supervising Veterinarian(s) License Number(s): _____ **Expiration date of license(s):** _____

Address: _____

Telephone Number: (_____) _____

Beginning Date: ____/____/____ **Ending Date:** ____/____/____

Average Hours Worked Per Week: _____

The applicant listed above has actively participated in and completed a clinical practice experience under my direct supervision for the dates set forth above. It is my opinion that the level of competence demonstrated is that normally expected of a new graduate of an AVMA accredited College of Veterinary Medicine and that the applicant has demonstrated sufficient clinical skills to practice without supervision. Overall performance by the applicant was:

(Circle one answer):

Satisfactory

***Unsatisfactory**

*If unsatisfactory, please explain:

Signature: _____ **Date:** _____
Supervising Veterinarian(s)

PLEASE SUBMIT THIS FORM DIRECTLY TO:
S.C. Board of Veterinary Medical Examiners
P. O. Box 11329
Columbia, SC 29211-1329